



2021 RX GUIDE

DIABETES

If you or a family member covered under your health plan have a diagnosis of diabetes, knowing the cost of medications can help you make a more informed decision when selecting a plan.

This guide, developed by the District of Columbia Department of Insurance, Securities and Banking, provides an overview of commonly prescribed drugs to treat diabetes. For each insurance company offering plans for sale on DC Health Link, the charts on the next page depict the name of each drug along with the corresponding drug cost-sharing.

Each insurance company uses different language to explain its cost-sharing. Reference the charts on the next page alongside your potential plans' Summary of Benefits and Coverage (SBC) to get an idea of your out-of-pocket prescription costs. Generally, the key below provides clarification of the information in the chart.

As you consider different plan options, also check your SBC to see whether your cost-sharing on prescription drugs will apply before or after you reach your deductible.

2021 Diabetes Rx Review Guide

District of Columbia Insurance Companies									
		Aetna		CareFirst		Kaiser		United Healthcare	
Name (Generic)	Name (Brand)	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand
		Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance
Metformin	Glucophage	NR/NC	\$12-\$15/NC	NR/NC	\$0-\$25/NC	NR/NR	\$5-40/\$25-100*	NR/NR	\$10-15/50-150 ²
	Glumetza	NA/NC	NA/NC	NA/NC	NA/NC	NR/NR	\$5-40/\$25-100*	NC/NC	NC/NC
	Glyset	NR/NC	\$12-\$15/NC	NR/NA	\$0-\$25/NC	NR/NR	\$5-40/\$25-100*	NC/NC	NC/NC
	Riomet	NA/NC	NC/NC	NA/NC	NA/NC	NA/NR	NA/\$25-100*	NA/NR	NA/\$50-100 ²
	Fortamet	NC/NC	NC/NC	NA/NC	NA/NC	NR/NR	\$5-40/\$25-100*	NC/NC	NC/NC
Glipizide	Glucotrol	NR/NC	\$12-\$15/NC	NR/NC	\$0-\$25/NC	NR/NR	\$5-40/\$25-100*	NR/NR	\$5-15/50-150 ²
Glimepiride	Amaryl	NR/NC	\$12-\$15/NC	NR/NC	\$0-\$25/NC	NR/NR	\$5-40/\$25-100*	NR/NR	\$5-15/50-150 ²
Acarbose	Precose	NR/NC	\$12-\$15/NC	NR/NC	\$0-\$25/NC	NR/NR	\$5-40/\$25-100*	NR/NR	\$5-15/50-150 ²
Sitagliptin	Januvia	NA/NR	NA/\$55-\$65	NA/PA-ST	NA/\$0-\$75	NA/NR	NA/\$25-100*	NA/ST	NA/\$50-150
Nateglinide	Starlix	NR/NC	\$12-\$15/NC	NR/NC	\$0-\$25/NC	NR/NR	\$5-40/\$25-100*	NR/NR	\$40-50/50-150 ²
Repaglinide	Prandin	NR/NC	\$95-\$100/NC	NR/NC	\$0-\$25/NC	NR/NR	\$5-40/\$25-100*	NR/NR	\$40-50/50-150 ²
Pioglitazone	Actos	NR/NC	\$12-\$15/NC	NR/NC	\$0-\$25/NC	NR/NR	\$5-40/\$25-100*	NR/NC	\$5-15/NC
Alogliptin	Nesina	ST/NC	\$95-\$100/NC	NR/NC	\$0-\$25/NC	NA/NR	NA/\$25-100*	NA/NR	NA/\$50-150
Canagliflozin	Invokana	NA/NC	NA/NC	NA/NC	NA/NC	NA/NR	NA/\$25-100*	NA/ST	NA/\$50-150
Dapagliflozin	Farxiga	NA/ST	NA/\$55-\$65	NA/PA-ST	NA/\$0-\$75	NA/NR	NR/\$25-100*	NC/NC	NC/NC
Dulaglutide	Trulicity	NA/ST	NA/\$55-\$65	NA/PA-ST	NA/\$0-\$75	NA/NR	NA/\$25-100*	NA/ST	NA/\$40-100
Empagliflozin	Jardiance	NA/ST	NA/\$95-\$100	NA/PA-ST	NA/\$0-\$75	NA/NR	NA/\$25-100*	NA/ST	NA/\$25-50
Exenatide	Bydureon	NA/NC	NA/NC	NA/NC	NA/NC	NA/NR	NA/\$25-100*	NA/ST	NA/\$25-50
Linaliptin Liraglutide	Tradjenta	NA/NC	NA/NC	NA/PA-ST	NA/\$0-\$75	NA/NR	NA/\$25-100*	NA/ST	NA/\$25-50
	Victoza	NA/ST	NA/\$95-\$100	NA/PA-ST	NA/\$0-\$75	NA/NR	NA/\$25-100*	NA/NR ¹	NA/\$25-\$100 ¹
Miglitol	Glyset	NR/NC	\$12-\$15/NC	NA/NC	NA/NC	NR/NR	\$5-40/\$25-100*	NR/NC	\$25-50/NC
Saxagliptin	Onglyza	NA/NC	NA/NC	NA/NC	NA/NC	NA/NR	NA/\$25-100*	NA/NR	NA/\$25-50
Rosiglitazone	Avandia	NA/NC	NA/NC	NA/NC	NA/NC	NA/NR	NA/\$25-100*	NA/NR	NA/\$50-100

Covered Insulin and Other Diabetes Injectables	District of Columbia Insurance Companies							
	Aetna		CareFirst		Kaiser		United Healthcare	
	Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance
Apidra	NC		NC		NR/\$25-\$100; 0%-50%		NC	
Humalog	NC		NC		NR/\$15-\$100; 0%-50%		NR/Vial \$5-10; Pen \$40-50	
Humalog Mix	NC		NC		NR/\$25-\$100; 0%-50%		NR Vial \$5-10; Pen \$40-50	
NovoLog	NR/\$55-\$65		NR/\$0-\$75		NR \$25-\$100; 0%-50%		NC	
Humulin R (all strengths except U-500)	NR/\$95-\$100		NR/\$0-\$100		NR/\$15-\$75; 0%-50%		NR/\$5-15	
Novolin	NR/\$55-\$65		NR/\$0-\$75		NR/\$25-\$100; 0%-50%		NC	
Levemir	NR \$55-\$65		NR/\$0-\$75		NR/\$25-\$100; 0%-50%		NC	
Lantus	NC		NR/\$0-\$75		NR/\$15-\$100; 0%-50%		NR/\$5-10	
Basaglar	ST/\$55-\$65		NR/\$0-\$75		NR/\$25-\$100; 0%-50%		NC	
Byetta (exenatide)	NA/NC		NC		NR/\$25-\$100; 0%-50%		ST/\$40-50	
Symlin (pramlintide)	ST/\$95-\$100		PA-ST/\$0-\$100		NR/\$25-\$100; 0%-50%		NR/\$50-100	

Note: Formularies are subject to change during the plan year. Please contact your insurance company for the most up-to-date information.

KEY	
NC	Not Covered
NA	Not Applicable
NR	No Restrictions
ST	Step Therapy
PA	Pre-Authorization
NR	No Restrictions

* The cost share for this drug could be a copayment or coinsurance depending on the plan. Generic coinsurance ranges between 0%-20%. Brand name coinsurance ranges between 0%-50%.

¹ Victoza 2 copayment between \$25-50 and Victoza 3 copayment between \$50-\$100.

² The cost share for this drug could be a copayment or coinsurance depending on the plan. Coinsurance ranges from 20% - 50%.